

## State Medical Assistance Plan Under New Rule

By VINCENT THOMAS  
Assemblyman

Sometimes legislative solutions to practical problems are not too well received by certain groups which they affect. When this happens, your legislators are bound to hear plenty about it and must consider the advisability of change or repeal. Our various interim committees spend a great deal of their time on such matters.

A serious problem which bothered county supervisors and welfare administrators for years was how to provide medical care for persons receiving public assistance. Counties having their own hospitals took care of much of the problem through such facilities, but providing adequate service in those not requiring confinement was often difficult through a law which required paid private physicians to care for the medical needs of aid recipients on a limited basis, only too frequently the fact was that the physician gave such care as a charity.

Starting in October of last year, this ineficient system was replaced by a joint state-county-federal plan called the "public assistance medical care program," under a law enacted by the 1957 Legislature. Under this plan, California and the federal government contribute dollar for dollar to a medical care fund, from which payments are made for physicians' services and medicines as needed by every recipient of public assistance. The plan does not cover hospitalization, which is still provided by county hospitals. The bill which enacted this law was supported during its consideration by the California Medical Assn., and passed both houses unanimously.

Operating rules were carefully worked out for the new plan by the state department of social welfare and the medical association. Nine months of experience, however, has demonstrated that many physicians are unhappy with the new program. Several county medical societies refused to cooperate with the program and their members urged that the law be repealed.

To hear these complaints, the Senate interim committee on social welfare recently held hearings in Los Angeles and San Francisco. Spokesmen for several of the complaining medical societies criticized the plan as providing nothing but "third party medicine." It was said that the plan destroys the doctor-patient relationship, that it "allows social service clerks to control the quality of medical care." That it requires too much paper-work of the doctor was another accusation thrown at the plan. Pharmacists claimed in their requests that their fees be increased.

The state director of social welfare testified to the contrary, saying that there had been very little abuse of the program by physicians or druggists. Other individuals stated that the program had increased the quality of the medical care given to assistance recipients, and was actually aiding physicians by paying them for work they had previously done as a charity. The state medical association, though admitting there is much criticism of the law, said it would continue to work with the state department and try to improve the operations of the law. Other witnesses pointed out that doctors at first fought workmen's compensation law, disability insurance, and other government systems for medical care, but soon gave up, and now accept and work with such systems, just as they do with their own and other private programs of medical care insurance.

In response to a direct question as to whether the law could be repealed, one witness opposed to the law admitted that it could not be.

The interim committee will continue its study of the matter before reporting to the 1959 session. From the evidence so far submitted, it seems that, while certain improvements in the system may be recommended, there is no likelihood that any strenuous efforts will be made to repeal what appears to be a real improvement in our California social welfare laws.

## C of C Seeks Contestant in Beauty Fete

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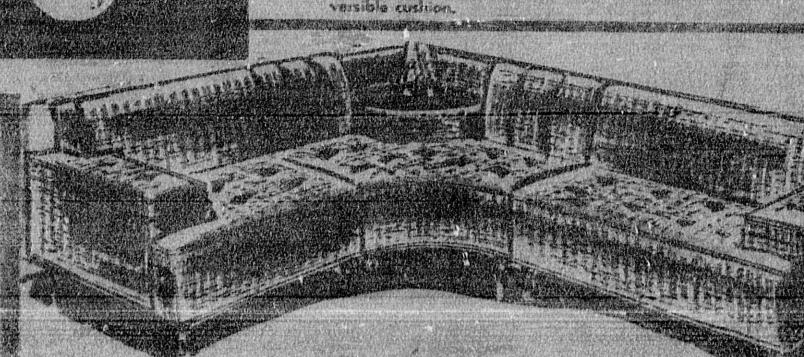
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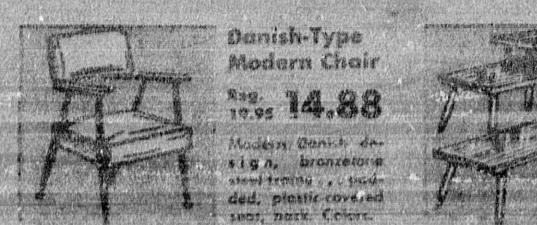
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